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POST PANDEMIC TRUST IN AUTHORITIES: THE CASE OF MALAYSIA

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ABSTRACT

The world has experienced a severe outbreak that affected millions for more than two years. Managing this outbreak is a very important task for governments. Several measures such as lockdown, mandatory face masks, travel restrictions, online education, and vaccination have been taken to prevent the spread of this serious disease. In this process, trust in authorities or governments is likely to be a key instrument to succeed combating against coronavirus. This paper investigates determinants of trust in local authorities and government on managing pandemic in the case of Malaysia using High-Frequency Monitoring of COVID-19 Impacts in Malaysia (2021-Round 1 and Round 2) that is provided by the World Bank. Findings showed that vaccination status as a key parameter is a significant indicator to explain trust in authorities, along with a few other variables that would help to understand how trust, in this respect, is shaped.

Keywords: *Covid-19, Trust, Managing pandemic, Malaysia.*

1. INTRODUCTION

The Covid-19 (coronavirus) pandemic has affected all parts of the world. More than 6 million deaths globally were reported to the World Health Organisation since the beginning of the pandemic (WHO, 2022). Several measures such as lockdown, mandatory face masks, travel restrictions, online education, and vaccination have been taken to prevent the spread of this serious disease. In this process that we all have experienced for more than 2 years, authorities have been the most important actors in countries to manage the pandemic's very large scale economic and social impacts. Healthcare systems, assistance to provide technical support, basic supplies during lockdown, security, and many other issues have been questioned by public and authorities. Taken together, this health challenge is expected to influence individuals' attitudes towards governments.

There exist several factor affecting individuals' trust in their authorities. Coronavirus outbreak has made this issue even more important. Because of the fact that this pandemic can only be prevented via a strong cooperation between government and citizens, lack of this may result in unsuccessful

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management of pandemic. Vaccination is probably the most important covid-19-preventative measure as announced by several national and international organisations. Rumours about vaccines have taken place within society, that is potentially vicious and unpredictable side effects of the vaccination could harm more than Covid-19 itself. As highlighted by OECD (2021), governments' ability to informing citizens on the benefits of vaccination, and delivering vaccination service effectively is as vital as trust on the vaccine.

This paper investigates determinants of trust in local authorities and government on managing pandemic in the case of Malaysia. With regards to the empirical section, World Bank's data set of High-Frequency Monitoring of COVID-19 Impacts in Malaysia (2021-Round 1 and Round 2) was used.

The remainder of the paper is as follows. Section 2 reviews the literature on trust in authorities in general and in the case of a pandemic with a range of country cases across the world. In Section 3, empirical strategy that covers descriptive statistics of the variables used in the analysis is introduced. Besides, empirical findings are given in Section 4. Finally, Section 5 concludes the paper.

2. LITERATURE REVIEW

Trust involves risk due to vulnerable willingness of the trustor and expectation due to the performance of desired behaviours by trustee (Brockner et al., 1997). This approach might be considered in both inter-personal relationships and relations between citizens and authorities. It is assumed that when government works well, citizens trust in government, and it is bad for modern democratic societies to have a declined trust of government (Hardin, 1999). Anxiety and trust in authorities are associated with behaviour (Bish and Michie, 2010). Trust in authorities is important because it influences citizens' compliance to the regulations and rules that are set by the authorities.

The literature on the trust in authorities gives examples of investigations on law, political parties, tax compliance in general (see for example, Brockner et al., 1997; Keele, 2005; Sam, 1998; Tsikas, 2017; Tyler, 2001; Wahl et al., 2010). Trust is crucial component of effective and efficient risk management (Wong and Jensen, 2020). However, it is relatively very new to examine how trust in authorities are important to shape citizens' behaviour that can influence an overall public health.

Trust in authorities in cases like coronavirus outbreak is an important determinant that would help encouraging the adaptation of recommended health actions (Gong et al., 2020). Gong et al. (2020) used 2013 Taiwan Social Change Survey dataset to investigate 6 influenza-protective behaviour. Trust in authorities that was measured in a 5-laddered scale was employed. Findings of the Tobit regression showed that there is a positive and significant relationship between the intention to adaptation of influenza-protective measures such as getting vaccination, wearing mask, washing hands, avoiding public, sanitizing home, and eating nutrition and trust in authorities. Similarly, Pagliaro et al. (2021) assessed the individual trust as a predictor of willingness to coordinate the efforts to manage Covid-19

pandemic using data from 6948 individuals across 23 countries. This study also found that trust is positively associated with preventative behaviour of individuals. Murphy et al. (2022) employs the variable of trust in authorities both as an independent and a dependent variable in the case of Australia. Accordingly, Australians who trusted in authorities were found to be more likely to feel duty to comply Covid-19 restrictions, and actions of government during the outbreak are important to promote and maintain trust.

As another supportive finding in the literature, in a cross-sectional study which covers 808 individuals in Germany, El-Far Cardo et al. (2021) investigated whether trust in health authorities and government institutions are associated with risk perception, trust, vaccination behaviour, and health protective measures through online and paper-based survey. The likelihood of intention to get vaccinated was found to be associated with trusting health authorities like German Federal Ministry of Health. Besides, trust in health authorities, along with some other variables is positively associated with the perception of the virus as a health threat and having higher vaccination intention.

Italy is an important case country to examine the impacts of pandemic because of the fact that this country has experienced a very fast spread of virus and increasing numbers of deaths in Europe. Restrictive measures in the country caused reactions such as moving out of affected area (Graffigna et al., 2020) that did not help authorities to control the spread of virus. Graffigna et al. (2020) investigated how health engagement influences citizens' compliance with emergency measures. Authors conducted an online survey between 28th February and 4th March, 2020 with 1000 Italians. Findings revealed that individuals who are less engaged present higher levels of perceived susceptibility and those are less trustful of authorities.

Gilles et al. (2011) conducted two waves of longitudinal survey on perceptions of influenza and pandemic outbreaks in 2009 in Switzerland. Vaccination status was employed as a dependent variable in the logistic hierarchical regression model. As measures of trust, trust in government and trust in medical organisations were used. Accordingly, only trust in medical organisations is found to predict the vaccination status significantly.

Gualano et al. (2022) focused on the perceived change in trust during the pandemic, using a nationwide online survey that covers 2,673 participants who live in Italy and over age of 18 years. Results of the study highlights a decreased trust in professionals and politics. They suggested that restrictive measures may not bring trust, however, its duration and long term correlates can contribute fluctuations in trust.

Ahluwalia et al. (2021) elucidated if trust in government has a role to explain decision to adopt health-protective actions against coronavirus by using online survey method that was conducted in March with 623 participants who are older than 18 years and based in US. Greater trust in experts was found to be positively associated with higher perceived susceptibility, and this is in contrast to the trust

in White House leadership. Therefore, recommended actions were more likely to be taken by greater trust in experts, however, greater trust in White House leadership has no significant impact on the uptake of prevention practices which suggest political trust and trust in health experts differ in term of their effects on individual behaviour.

Perlstein and Verboord (2021) investigated population response to government strategies in early stages of the coronavirus across 4 high-trust European countries, Denmark, Germany, the Netherlands, and Sweden. Twitter data were used in the sentiment analysis for each country. Based on the social media data that were collected in three phases (i.e. first phase: the first case of Covid-19; second phase: beginning of the lockdown; third phase: after the lockdown), sentiments towards political authorities was in those four countries were similar. Sentiments towards political authorities was shown to be tended to increase when moving from the first phase into the later phases, and this tendency was explained as a result of initial uncertainty and anxiety.

According to the World Values Survey (2014), Singapore shows a very high level of trust in government with 24 per cent of individuals reporting great deal of confidence in their government which is relatively quite low in Germany with 5.5 per cent, for example (Wong & Jensen, 2020). Wong and Jensen (2020) gathered data from Focus Group Discussions and social media tracking (i.e. Twitter activity). Their study suggested that although trust is generally seen as an efficient tool of risk management, it results in lower compliance in the case of Covid-19. Therefore, trust in such outbreaks may not help governments to manage the risk effectively.

Bodas et al. (2022) in their cross-sectional study examined which factors influence vaccination uptake and protective behaviour in Israel, using a structured survey that was utilised in September 2021. In this country case, trust in authorities was found to be incapable to predict vaccination uptake, while perception of importance and vaccine's effectiveness predicted this behaviour.

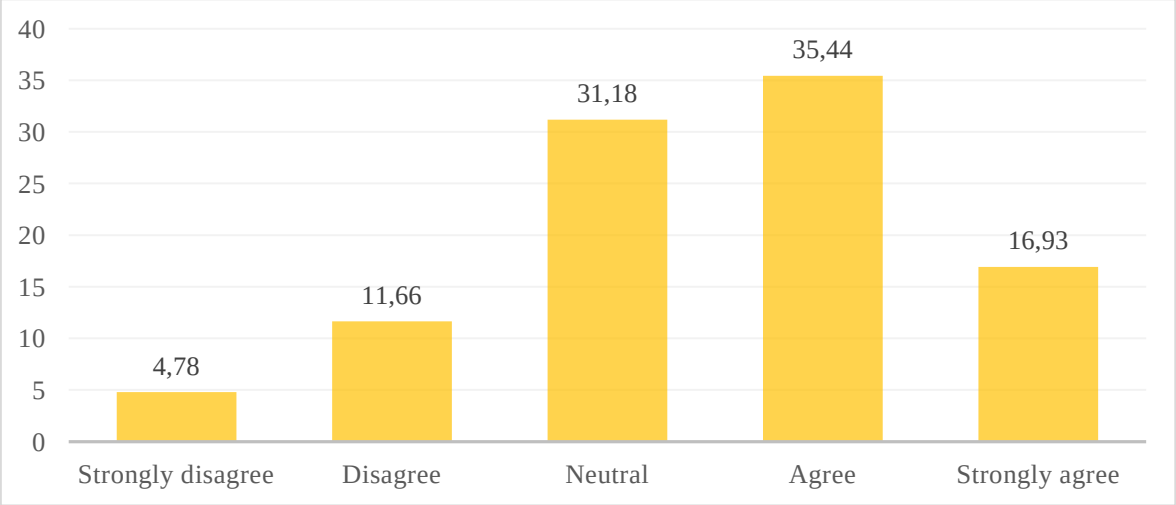
Devine et al. (2020) reviewed the literature on the trust and Covid-19 pandemic. Different European countries and USA were discussed in terms of this outbreak's effect on the citizens' behaviour. Although the evidence from those studies reviewed do not lead a clear conclusion, it is highlighted that lack of trust may have significant consequences.

3. EMPIRICAL STRATEGY AND DATA

The data source used in this paper was retrieved from World Bank (2021)'s microdata library. To provide insights into how Covid-19 influenced individuals socio-economically, phone-based data collection procedure was performed in this data set. This paper aims to investigate the impacts of Covid-19 on trust in authorities in the case of Malaysia using High-Frequency Monitoring of COVID-19 Impacts in Malaysia (2021-Round 1 and Round 2).

The dependent variable in this investigation is generated through a survey question which is asking individual opinion on whether government or local authorities are trustworthy to manage Coronavirus outbreak. This question was scored on a 5-point Likert scale, that is: 1-Strongly disagree, 2-Disagree, 3-Neutral, 4-Agree, and 5-Stronly agree. Those who do not know the answer and refused the question were dropped from the sample. Therefore, in this appended data set, there are 3,242 individual observations to be investigated. Figure 1 presents the percentages of answers given by respondents in this sample. Accordingly, more than 52 per cent of the sample agreed or strongly agreed that authorities are trustworthy in terms of managing this pandemic, while about 17 per cent of them disagreed or strongly disagreed the statement. Besides, there are considerable numbers of people (slightly more than 31 per cent) that reported neither agree nor disagree this statement.

Figure 1. Authorities/Government Are Trustworthy, Percentage



Source: Author's own calculation based on World Bank data

Vaccination status was measured using the survey question asking whether respondent has received Covid-19 vaccine (Yes; No). This item of the survey is the main instrument that was used to explain trust in authorities to manage pandemic. Demographic information such as sex (male; female), age group of respondents (18-24; 25-34; 35-44; 45-54; 55-64; 65+), personal monthly income category in RM (Ringgit Malaysia-National Currency) (Less than RM1,000; RM1,001 - 2,000; RM2,001 - 3,000; RM3,001 - 4,000; RM4,001 - 5,000; RM5,001 - 6,000; RM6,001 - 7,000; RM7,001 - 8,000; RM8,001 - 9,000; RM9,001 - 10,000; RM10,001 - 11,000; RM11,001 - 12,000; RM12,001 or above) is as presented in Table 1. These variables consist of the first level of the analysis.

Moreover, Table 1 also presented the variety of variables used in the second level of investigation. Survey participants were asked how many members the household have which was included in the analysis. Besides, the question asking whether any household member in need of medical services (Yes; No) was included because of the fact that existence of such household member may influence the attitudes towards government/authorities on their policies or measurements against Covid-19.

Furthermore, whether respondent owns their own dwelling (Yes; No, it's rented; No, it's occupied free of charge), if respondent worked past 30 days (Yes; No), household run out of food past 30 days (Yes; No) were also involved in the empirical investigation. In each level of analysis, regions (Northern peninsular; Central peninsular; Southern peninsular; East coast peninsular; East Malaysia), and wave of the survey (Round 1; Round 2) were included considering region and time effects in the model.

Table 1. Descriptive Statistics of The Sample

Variable	Frequency (N)		Percent (%)
Authorities are trustworthy			
Strongly disagree	145		4.68
Disagree	354		11.42
Neutral	958		30.90
Agree	1106		35.68
Strongly agree	537		17.32
Vaccinated			
Yes (Base)	1225		39.52
No	1875		60.48
Sex			
Male (Base)	1775		57.26
Female	1325		42.74
Age group			
18-24 (Base)	619		19.97
25-34	946		30.52
35-44	731		23.58
45-54	444		14.32
55-64	256		8.26
65 +	104		3.35
Income category			
Less than RM1,000 (Base)	1042		33.61
RM1,001 - 2,000	945		30.48
RM2,001 - 3,000	442		14.26
RM3,001 - 4,000	221		7.13
RM4,001 - 5,000	167		5.39
RM5,001 - 6,000	78		2.52
RM6,001 - 7,000	33		1.06
RM7,001 - 8,000	41		1.32
RM8,001 - 9,000	11		0.35
RM9,001 - 10,000	54		1.74
RM10,001 - 11,000	6		0.19
RM11,001 - 12,000	5		0.16
RM12,001 or above	55		1.77
# of households			
1	142		4.58
2	302		9.74
3	442		14.26

4	588		18.97
5	613		19.77
6	430		13.87
7	258		8.32
8	144		4.65
9	73		2.35
10	53		1.71
11	17		0.55
# of households			
12	15		0.48
13	8		0.26
14	6		0.19
15	2		0.06
17	2		0.06
18	3		0.10
20	1		0.03
30	1		0.03
Member of household needed medical services			
Yes (Base)	899		29.00
No	2201		71.00
Own dwelling			
Yes (Base)	1944		62.71
No, it's rented	869		28.03
No, it's occupied free of charge	287		9.26
Worked past 30 days			
Yes (Base)	2041		65.84
No	1059		34.16
Did household run out of food past 30 days			
Yes (Base)	405		13.06
No	2695		86.94
Region			
Northern Peninsular (Base)	616		19.87
Central Peninsular	1211		39.06
Southern Peninsular	480		15.48
East Coast Peninsular	425		13.71
East Malaysia	368		11.87
Wave			
1 (Base)	2095		67.58
2	1005		32.42

Source: Author's own calculation based on World Bank data

The empirical model in this study were run in two steps with trust in authorities/government in managing pandemic as the dependent variable that was scored on a 5-point Likert scale. First, demographic variables (sex, age group, and income category) were entered, along with the main independent variable (i.e., vaccination status). Second, the further variables given in Table 1 were added

to the model as independent variables. Each of these steps includes region, survey wave, and their interactions.

Ordered logistic model was constructed to examine the association between the independent variables, and vaccination status. Since the estimated coefficients obtained from this type of models are difficult to interpret. Therefore, marginal effects are often reported as a more intuitive way of interpretation. Considering this fact, this paper presented the original estimated coefficients and calculated marginal effects for each response category. It is also worth noting that all specifications use population weight which is provided by the original data set.

4. EMPIRICAL FINDINGS

Two-step procedure were conducted based on ordered logit model specification. The first step focused only basic demographic independent variables (i.e., sex, age group, and income category), along with the independent variable of interest (i.e., vaccination status). Table 2 presents the findings of this specification. The first column of the table shows the original estimated coefficients of the ordered logit model, while the following columns show calculated marginal effects for each response category.

Accordingly, the effect of vaccination in the trust in authorities in managing Covid-19 pandemic was found to be statistically significant at 1 per cent significance level. Those who have not received Covid-19 vaccine are more likely to (strongly) disagree that local authorities/government are trustworthy in the way of managing the pandemic crisis than those who have received vaccine.

In terms of gender difference in trust, there is no significant effect found. However, age group of respondents significantly influences trust in authorities, although significance level differs across groups. The lowest magnitude was found in the age group of 25-34 which says being in this category rather than the category of 18-24 increases the probability of reporting strongly agree (agree) the statement of authorities are trustworthy by 2.3 percentage point (1.7 percentage point), and decreases the probability of reporting strongly disagree (disagree) it by 1.2 percentage point (1.6 percentage point). In the older age groups, the sign of the coefficients, so the direction of the relationship is the same, although the sizes of the coefficients are larger than the reference age group.

Table 2. Ordered Logit Model for Trust in Authorities, First Step

		Marginal Effects				
Variables	**Original**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Vaccination Status (Base:Yes)						
No	-	0.022***	0.036***	0.038***	-	-
	(0.085)	(0.007)	(0.012)	(0.013)	(0.010)	(0.022)
Sex (Base:Male)						
Female	0.056	-0.005	-0.008	-0.008	0.008	0.014
	(0.045)	(0.004)	(0.006)	(0.006)	(0.006)	(0.011)
Age Group (Base:18-24)						
25-34	0.104*	-0.012*	-0.016*	-0.012*	0.017*	0.023*
	(0.057)	(0.007)	(0.009)	(0.007)	(0.010)	(0.012)
35-44	0.303***	-	-	-	0.043***	0.073***
	(0.064)	(0.007)	(0.009)	(0.009)	(0.009)	(0.016)
45-54	0.206***	-	-	-	0.032***	0.048***
	(0.070)	(0.007)	(0.010)	(0.010)	(0.011)	(0.017)
55-64	0.263***	-	-	-	0.038***	0.062***
	(0.084)	(0.008)	(0.012)	(0.013)	(0.011)	(0.021)
65 +	0.316**	-	-0.046**	-0.044*	0.044***	0.077**
	(0.139)	(0.011)	(0.019)	(0.023)	(0.015)	(0.038)
Income category (Base:Less than RM1,000)						
RM1,001 - 2,000	-0.021	0.002	0.003	0.004	-0.002	-0.006
	(0.055)	(0.004)	(0.008)	(0.009)	(0.006)	(0.015)
RM2,001 - 3,000	-	0.020***	0.032***	0.033***	-	-
	(0.072)	(0.007)	(0.011)	(0.010)	(0.011)	(0.017)
RM3,001 - 4,000	-	0.029***	0.044***	0.042***	-	-
	(0.090)	(0.010)	(0.014)	(0.011)	(0.015)	(0.020)
RM4,001 - 5,000	-	0.083***	0.100***	0.062***	-	-
	(0.098)	(0.017)	(0.016)	(0.007)	(0.021)	(0.016)
RM5,001 - 6,000	-0.372**	0.038*	0.056**	0.049***	-0.058**	-
	(0.152)	(0.020)	(0.024)	(0.015)	(0.029)	(0.030)
RM6,001 - 7,000	-0.219	0.020	0.032	0.033	-0.030	-0.055
	(0.177)	(0.019)	(0.027)	(0.023)	(0.029)	(0.040)
RM7,001 - 8,000	-0.248	0.023	0.037	0.036*	-0.035	-0.061
	(0.170)	(0.019)	(0.027)	(0.021)	(0.029)	(0.037)
RM8,001 - 9,000	-0.327	0.033	0.049	0.045	-0.049	-0.077
	(0.434)	(0.055)	(0.070)	(0.044)	(0.081)	(0.087)
RM9,001 - 10,000	-0.357	0.036	0.054	0.048**	-0.055	-0.083*
	(0.218)	(0.029)	(0.035)	(0.021)	(0.041)	(0.043)
RM10,001 - 11,000	-0.456	0.051	0.070	0.056	-0.075	-0.101
	(0.536)	(0.082)	(0.087)	(0.035)	(0.111)	(0.092)
RM11,001 - 12,000	-0.972**	0.158	0.146***	0.048	-0.188*	-
	(0.467)	(0.125)	(0.056)	(0.043)	(0.100)	(0.038)
RM12,001 or above	-	0.079**	0.097***	0.062***	-	-
	(0.187)	(0.034)	(0.030)	(0.008)	(0.041)	(0.027)
Observations	3,100	3,100	3,100	3,100	3,100	3,100
Pseudo R2	0.0255					

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1
Note: Dependent variable is whether government or local authorities are trustworthy to manage Coronavirus outbreak, and the response is on a 5-point Likert scale: Strongly Disagree; Disagree; Neutral; Agree. Specification includes region, wave, and their interaction.

In terms of the relationship between income category and trust in authorities, it is seen that having income up to RM 3,000 rather than the reference income category which is less than RM 1,000 decreases the probability of reporting agreeing the government or local authorities are trustworthy to manage

Coronavirus outbreak, and increases the probability of disagreeing it. This finding is statistically significant at 1 percent significance level. ın the next 3 income categories, the sign of the coefficients is same, however, the magnitudes are larger than the first category. This means the impact gets larger when income increases. In the last category that refers to the richest group, the signs of the coefficients across response categories are the same, and still statistically significant. The largest coefficient is found in the group with income between RM 11,001 and 12,000. Having this level of income decreases the probability of reporting agree/strongly agree the statement, and increases the probability of reporting disagreement.

In the second step, additional indicators that might relate to the trust in authorities are also included together with basic demographic independent variables. Table 3 shows the findings of this specification. The first column of the table shows the original estimated coefficients of the ordered logit model, while the following columns show calculated marginal effects for each response category. The sign and significance of the vaccination status is still same, that is negative and statistically significant at 1 percent level. The magnitude is almost the same as the first specification. This means inclusion of the further explanatory variables did not change the sign, significance, and the size of the impact on the trust.

Findings are similar in the age groups as well. Older people are more likely to agree that government or authorities are trustworthy. The tendency in the income groups is also the same. For the new indicators added in the second specification, the variables of needed medical service and running out of food past 30 days are found to be significant though only marginally. Accordingly, those who have a member of household not needing medical service are less likely to agree/strongly agree that government is trustworthy, and more likely to disagree. However, this finding is significant only at 10 per cent significance level. Besides, those who run out of food last month are less likely to agree that government I trustworthy, and more likely to disagree/strongly disagree it. Similarly, this finding is also only significant at 10 percent significance level.

Table 3. Ordered Logit Model for Trust in Authorities, Second Step

		Marginal Effects				
Variables	**Original**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Vaccination Status (Base:Yes)						
No	-0.238***	0.021***	0.034***	0.036***	-0.031***	-0.060***
	(0.085)	(0.007)	(0.012)	(0.013)	(0.010)	(0.022)
Sex (Base:Male)						
Female	0.070	-0.007	-0.010	-0.010	0.009	0.017
	(0.045)	(0.004)	(0.006)	(0.006)	(0.006)	(0.011)
Age Group (Base:18-24)						
25-34	0.086	-0.010	-0.013	-0.010	0.014	0.019
	(0.058)	(0.007)	(0.009)	(0.007)	(0.010)	(0.013)
35-44	0.275***	-0.027***	-0.040***	-0.038***	0.039***	0.066***
	(0.065)	(0.007)	(0.010)	(0.009)	(0.009)	(0.016)
45-54	0.187***	-0.020***	-0.028***	-0.024**	0.029***	0.043***
	(0.071)	(0.007)	(0.010)	(0.010)	(0.011)	(0.017)
55-64	0.255***	-0.025***	-0.037***	-0.035***	0.037***	0.061***
	(0.084)	(0.008)	(0.012)	(0.013)	(0.011)	(0.021)
65 +	0.335**	-0.032***	-0.048**	-0.048**	0.045***	0.083**
	(0.143)	(0.011)	(0.019)	(0.024)	(0.015)	(0.040)
Income category (Base:Less than RM1,000)						
RM1,001 - 2,000	-0.027	0.002	0.004	0.005	-0.003	-0.007
	(0.059)	(0.005)	(0.008)	(0.010)	(0.007)	(0.016)
RM2,001 - 3,000	-0.212***	0.019***	0.031***	0.032***	-0.029**	-0.053***
	(0.076)	(0.007)	(0.011)	(0.011)	(0.011)	(0.018)
RM3,001 - 4,000	-0.289***	0.028***	0.043***	0.041***	-0.042***	-0.069***
	(0.095)	(0.011)	(0.015)	(0.012)	(0.016)	(0.021)
RM4,001 - 5,000	-0.644***	0.083***	0.100***	0.062***	-0.116***	-0.129***
	(0.103)	(0.018)	(0.017)	(0.008)	(0.021)	(0.017)
RM5,001 - 6,000	-0.365**	0.038*	0.055**	0.048***	-0.057*	-0.084***
	(0.154)	(0.020)	(0.025)	(0.015)	(0.029)	(0.031)
RM6,001 - 7,000	-0.207	0.019	0.030	0.031	-0.028	-0.052
	(0.180)	(0.019)	(0.027)	(0.024)	(0.029)	(0.041)
RM7,001 - 8,000	-0.255	0.024	0.038	0.037*	-0.036	-0.062
	(0.173)	(0.019)	(0.027)	(0.021)	(0.029)	(0.038)
RM8,001 - 9,000	-0.341	0.034	0.051	0.046	-0.052	-0.080
	(0.433)	(0.056)	(0.069)	(0.042)	(0.082)	(0.085)
RM9,001 - 10,000	-0.343	0.035	0.051	0.046**	-0.052	-0.080*
	(0.220)	(0.028)	(0.035)	(0.022)	(0.041)	(0.044)
RM10,001 - 11,000	-0.433	0.047	0.066	0.054	-0.070	-0.097
	(0.553)	(0.082)	(0.089)	(0.040)	(0.113)	(0.097)
RM11,001 - 12,000	-0.970**	0.158	0.145***	0.048	-0.188*	-0.163***
	(0.457)	(0.121)	(0.054)	(0.041)	(0.098)	(0.038)
RM12,001 or above	-0.608***	0.076**	0.094***	0.062***	-0.107***	-0.124***
	(0.191)	(0.034)	(0.030)	(0.009)	(0.041)	(0.029)
# of households	0.009	-0.001	-0.001	-0.001	0.001	0.002
	(0.009)	(0.001)	(0.001)	(0.001)	(0.001)	(0.002)
Member of household needed medical services (Base:Yes)						
No	-0.094*	0.009*	0.013*	0.014*	-0.012*	-0.024*
	(0.050)	(0.005)	(0.007)	(0.008)	(0.006)	(0.013)
Own dwelling (Base:Yes)						
No, it's rented	0.028	-0.003	-0.004	-0.004	0.004	0.007
	(0.052)	(0.005)	(0.007)	(0.008)	(0.007)	(0.013)
No, it's occupied free of	0.010	-0.001	-0.001	-0.001	0.001	0.002
	(0.078)	(0.007)	(0.011)	(0.011)	(0.010)	(0.019)
Worked past 30 days (Base:Yes)						
No	-0.054	0.005	0.008	0.008	-0.007	-0.013
	(0.053)	(0.005)	(0.008)	(0.007)	(0.007)	(0.013)
Did household run out of food past 30 days (Base:Yes)						

No	-0.127*	0.011*	0.018*	0.019	-0.016*	-0.033
	(0.075)	(0.006)	(0.010)	(0.012)	(0.008)	(0.020)
Observations	3,100	3,100	3,100	3,100	3,100	3,100
Pseudo R2	0.0269					

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1
Note: Dependent variable is whether government or local authorities are trustworthy to manage Coronavirus outbreak, and the response is on a 5-point Likert scale: Strongly Disagree; Disagree; Neutral; Agree. Specification includes region, wave, and their interaction.

5.CONCLUDING REMARKS

According to WHO (2022), more than 6 million deaths globally were reported since the beginning of the pandemic. Several measures such as lockdown, mandatory face masks, travel restrictions, online education, and vaccination have been taken to prevent the spread of this serious disease. In this process that we all have experienced for more than 2 years, authorities have been the most important actors in countries to manage the pandemic's very large scale economic and social impacts. This health challenge, consequently, is expected to influence individuals' attitudes towards governments.

This paper provides important insights on how trust in authorities or government is shaped in Malaysia case. Exploiting micro level data to explain the relationship between trust and vaccination status in particular, findings of this paper showed that vaccination status is a significant indicator to explain trust in authorities in Malaysia. The strong relationship between vaccination status and trust in authorities suggest that if more vaccination is accessed, then authorities or government can have more trust that would help fulfilling the policies. To achieve this, authorities should first provide information to the society in a clear way to eliminate information pollution that could harm individual willingness to vaccination.

Gender was not found to be significant in this respect. However, age group of individuals significantly affect trust variable in various scales. Nevertheless, it can be said that people tend to agree that government or authorities are trustworthy when they grow older. This might be explained by the fact that people are likely to need more welfare state assistance to maintain their lives as they grow older which makes them to rely or to have more positive attitudes towards government/authorities in comparison with relatively more independent young people. Besides, if authorities has provided more assistance like more accessible healthcare services to elderly people through prioritising this group during pandemic, this may influence attitudes of these people in a positive way.

The likelihood of reporting disagreement that government or authorities are trustworthy increased the most for the income group of those who had RM 4,001-5,000 per month. This group is middle income group might be affected severely as a result of negative economic effects of the pandemic crisis which may cause decreased trust in authorities to manage the outbreak. Not only mid income has group seemed to be affected negatively but those with in the highest tale of the income categories also showed distrust to authorities/government. Pandemic and following economic turndown is likely to affect upper

tale as well that may result in distrust tendency towards authorities. Furthermore, it is seen that individuals who face with the risk of hunger, and those who do not need medical services for any household member are more likely to present distrust government. These findings imply that if people are likely to use services provided by government, they are more likely to trust government probably because of this dependent relationship. However, if they do not need any/less assistance to maintain their lives, or if they have already suffer (from hunger risk, for example), they do not trust on authorities to manage the pandemic.

A few policy recommendations might be suggested in the light of the findings of this paper. First, it is seen that vaccination is an important instrument to enable a public support for governments. Considering the fact that implication of a particular policy requires a substantial public support, authorities should prioritise attitudes in society. Outbreaks such as Covid-19 has been a big challenge for many countries across the world. However, countries with a higher level of public support that is seen in the obedience of societies to what authorities ask in terms of preventing the spread of virus are less likely to suffer negative effects of this disease. Vaccination of members of society is found crucial. Therefore, governments need to ensure vaccination for every member of society. Secondly, responses of income groups vary in size and magnitude, however, it can be said that particularly individuals with lower level of income display significant distrust to authorities. This might be due to worsening labour market conditions that harm this group severely. Hence, government may provide more assistance to these lower income groups to survive in such extraordinary days of pandemic.

It's worth to bear a few limitations of this paper. First, this study employed a two-round survey data with slightly more than 3,000 individual observations due to data availability restriction. Having more observation, and more waves of data would present a clearer picture of individual attitudes. Second, trust might be formed as a result of a combination of several economic, social, demographic, and political factors. However, the current model seems to be lack of those due to limitations of the survey.

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